

PS Form 3811, July 2013 Domestic Return Receipt	
2. Article Number (Transfer from service label) 7014 3490 0000 3246 2465	
1. Article Addressed to: Ronald Carter 401 Courthouse Sq. Alexandria, VA 22314	3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Yes
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
SENDER: COMPLETE THIS SECTION	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	B. Received by (Printed Name) [Signature] C. Date of Delivery 3-30-15
COMPLETE THIS SECTION ON DELIVERY A. Signature [Signature]	

UNITED STATES POSTAL SERVICE

NO VA 220

30 MAR 2015 PM 4:11

First-Class Mail
Postage & Fees Paid
USPS
Permit No. C-40

• Sender: Please print your name, address, and ZIP+4® in this box•

David A. Stebbins
123 W. Ridge St
APT D
Harrison, AR 72601

